



# **JOHN D. KINARD**

## **DISTRICT CLERK GALVESTON COUNTY**

### **NEW CHILD SUPPORT ACCOUNT**

TODAY'S DATE: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

COURT NUMBER \_\_\_\_\_

#### **INDIVIDUAL RECEIVING SUPPORT:**

_____ LAST NAME	_____ FIRST NAME	_____ MIDDLE INITIAL	
_____ DRIVER'S LICENSE #	_____ STATE	_____ DOB	_____ LAST 4 DIGITS OF SS#
_____ STREET ADDRESS	_____ CITY	_____ STATE	_____ ZIP
_____ HOME PHONE #	_____ WORK PHONE #		

#### **INDIVIDUAL PAYING SUPPORT:**

_____ LAST NAME	_____ FIRST NAME	_____ MIDDLE INITIAL	
_____ DRIVER'S LICENSE #	_____ STATE	_____ DOB	_____ LAST 4 DIGITS OF SS#
_____ STREET ADDRESS	_____ CITY	_____ STATE	_____ ZIP
_____ HOME PHONE #	_____ WORK PHONE #		

#### **CHILDREN(S) INFORMATION:**

_____ LAST NAME	_____ FIRST NAME	_____ MIDDLE INITIAL
_____ D.O.B	_____ GENDER	_____ LAST 4 DIGITS OF SS#
_____ LAST NAME	_____ FIRST NAME	_____ MIDDLE INITIAL
_____ D.O.B	_____ GENDER	_____ LAST 4 DIGITS OF SS#

Is this child to be paid by an employer on a wage withholding order? ☐ Yes ☐ NO

Comment (if any):

I verify that the above information was taken from the Decree of Divorce/Order of the Court that was entered on \_\_\_\_\_  
by the Honorable Judge \_\_\_\_\_.

\_\_\_\_\_  
Attorney Name

\_\_\_\_\_  
Bar Number

\_\_\_\_\_  
Attorney Signature